

| | | |
|--|-------------------------------|---------------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration submitted after Initial Filing OR <input type="checkbox"/> Declaration submitted after Initial Filing | Attorney Docket Number | 199 776 |
| | First Named Inventor | Gagan Lal Choudhury |
| | COMPLETE IF KNOWN | |
| | Application Number | |
| | Filing Date | |
| | Group Art Unit | |
| | Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Link State Network Having Weighted Control Message Processing

(Title of Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on _____ as United States Application Number or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of an application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | <input type="checkbox"/> | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) below.

| Application Number(s) | Filing Date(MM/DD/YYYY) | |
|-----------------------|--------------------------|---|
| 60/171,049 | 12/16/1999 | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto |

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231

Attorney Docket Number: 1999-0776

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--|---------------------------------|--------------------------------------|
| | | |

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

Place Customer Number Bar Code Label here

OR

☒ Registered practitioner(s) name/registration number listed below

| Name | Registration Number | Name | Registration Number |
|----------------------|---------------------|--------------------|---------------------|
| CONOVER, Michele L. | 34962 | DELACRUZ, Cedric G | 36498 |
| DWORETSKY, Samuel H. | 27873 | GARG, Rohini K | 45272 |
| ISAACSON, Thomas M. | 44166 | LEE, Benjamin S. | 42787 |
| LEVY, Robert B. | 28234 | MCHALE, SUSAN E. | 35948 |
| MONKA, Gary H. | 35290 | NAVON, Jeffrey M | 32711 |

☒ I also appoint the following additional registered practitioner(s) named on the Registered Practitioner Information (Supplemental Sheet) (PTO/SB/02C modified by AT&T Corp.) attached hereto with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith.

Direct all Correspondence to:

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

| | | | | | |
|---------|--------------------------|-------|------------|----------|--------------|
| NAME | Samuel H. Dworetsky | | | | |
| ADDRESS | AT&T CORP. P.O. Box 4110 | | | | |
| CITY | Middletown | STATE | New Jersey | ZIP CODE | 07748-4110 |
| COUNTRY | United States of America | | | FAX | 732-368-6932 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor ☐ A petition has been filed for this unsigned inventor

| | | | |
|------------------|----------------------------|------|----------|
| Name | Gagan Lal Choudhury | | |
| Signature | <i>Gagan Lal Choudhury</i> | Date | 10/20/00 |
| Citizenship | United States | | |
| Address (line 1) | 5 Egret Lane | | |
| Address (line 2) | Marlboro | | |
| Address (line 3) | Monmouth County | | |
| Address (line 4) | New Jersey | | |
| Address (line 5) | USA | | |
| Zip Code | 07746 | | |

☒ Additional Inventors are being named on the 1 separately numbered sheets attached hereto

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

Attorney Docket Number: 1999-0776

DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet****Page of****Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor**Name** Anurag S. Maunder**Signature****Date**

11/02/2000

Citizenship

India

Address (line 1) 40307 San Sebastian Place**Address (line 2)** Fremont**Address (line 3)** Alameda County**Address (line 4)** California**Address (line 5)** USA**Zip Code** 94539**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor**Name****Signature****Date****Citizenship****Address (line 1)****Address (line 2)****Address (line 3)****Address (line 4)****Address (line 5)****Zip Code****Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor**Name****Signature****Date****Citizenship****Address (line 1)****Address (line 2)****Address (line 3)****Address (line 4)****Address (line 5)****Zip Code****Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor**Name****Signature****Date****Citizenship****Address (line 1)****Address (line 2)****Address (line 3)****Address (line 4)****Address (line 5)****Zip Code**

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

Attorney Docket Number: 1999-0776

DECLARATION**Registered Practitioner
Information
(Supplemental Sheet)**

| Name | Registration Number | Name | Registration Number |
|------------------------|------------------------|----------------------|------------------------|
| RESTAINO, Thomas A. | 33444 | STEINMETZ, Alfred G. | 22971 |
| CROWLEY, Judith C. | 35091 | DALY, Christopher S. | 37303 |
| MOFFORD, Donald F. | 33740 | DURKEE, Paul D. | 41003 |
| SHARKANSKY, Richard M. | 25800 | | |
| | | | |

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

U.S. Department of Commerce
Patent and Trademark Office**PATENT**RECORDATION FORM COVER SHEET
PATENTS ONLY1c945 U.S. PTO
09/714621
11/16/00

TO: The Assistant Commissioner for Patents: Please record the attached original document(s) or copy(ies).

Submission Type

- ☒ New
☐ Resubmission(Non-Recordation)

Document ID#

- ☐ Correction of PTO Error
 Reel # Frame #

- ☐ Corrective Document
 Reel # Frame #

Conveyance Type

- ☒ Assignment ☐ Security Agreement
☐ License ☐ Change of Name
☐ Merger ☐ Other:

U.S. Government

(For use by U.S. Government Agencies)

- ☐ Departmental File ☐ Secret File

Conveying Party(ies)☐ Mark if additional names of conveying parties attached

| | | |
|---------------|----------------------|----------------|
| Name (line 1) | Choudhury, Gagan Lal | Execution Date |
| Name (line 2) | | MMDDYYYY |
| | | 10/20/2000 |

Second Party

| | | |
|---------------|--------------------|----------------|
| Name (line 1) | Maunder, Anurag S. | Execution Date |
| Name (line 2) | | MMDDYYYY |
| | | 11/02/2000 |

Receiving Party☐ Mark if additional names of receiving parties attached

| | | |
|------------------|-------------------------------|---|
| Name (line 1) | AT&T Corp. | <input type="checkbox"/> If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.) |
| Name (line 2) | | |
| Address (line 1) | 32 Avenue of the Americas | |
| Address (line 2) | New York, New York 10013-2412 | |
| Address (line 3) | United States of America | |
| | City, State/Country Zip Code | |

Domestic Representative Name and Address

Enter for the first Receiving Party only.

| | |
|------------------|--|
| Name (line 1) | |
| Address (line 1) | |
| Address (line 2) | |
| Address (line 3) | |
| Address (line 4) | |

FOR OFFICE USE ONLY

Mail documents to be recorded with required cover sheet(s) information to:
 Assistant Commissioner for Patents, Box Assignments, Washington, D.C. 20231

CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

| | | | | | |
|----------------|--------------------------|--------------|--------------|-----------------|------------|
| NAME | Samuel H. Dworetsky | | | | |
| ADDRESS | AT&T CORP. P.O. Box 4110 | | | | |
| CITY | Middletown | STATE | New Jersey | ZIP CODE | 07748-4110 |
| COUNTRY | United States of America | FAX | 732-368-6932 | | |

Pages Enter the total number of pages of the attached conveyance document # 3
including any attachments

Application Number(s) or Patent Number(s) ☐ Mark if additional numbers are attached

Enter either the Patent Application Number or the Patent Number (*DO NOT ENTER BOTH numbers for the same property*).

Patent Application Number(s)

Patent Number(s)

If this document is being filed with a new Patent Application, enter the date the patent application was signed by the first named executing inventor. Month Day Year

Patent Cooperation Treaty (PCT)

Enter PCT application number
only if a U.S. Application Number
has not been assigned.

Number of Properties

Enter the total number of properties involved. #

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$40.00

Method of Payment :

Enclosed ☐ Deposit Account ☒

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: 01-2745

Authorization to charge additional fees: ☒ Yes ☐ No

STATEMENT AND SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

| | | | |
|------------------|------------------------|-------------|----------|
| NAME | Susan E. McHale | | |
| TELEPHONE | 908-221-5776 | | |
| SIGNATURE | <i>Susan E. McHale</i> | DATE | 11/16/00 |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

| | | | |
|-----------------------------|----------------------|-------------|----------|
| Type or Printed Name | Linda Chellew | | |
| Signature | <i>Linda Chellew</i> | Date | 11/16/00 |

SEND TO: Assistant Commissioner for Patents, Box Assignments, Washington, D.C. 20231